### LOBBYIST ANNUAL REPORT FORM Page of Page(s Page(s) To Be Filed By: State of Idaho LOBBYISTS L-2 Ben Ysursa (Sec. 67-6619) Secretary of State (Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address Date prepared Period covered Showley Trayed year ending 1-23-05 (Mo.) (Day) BUSE, Id. 83701 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure Reimbursed Personal Living and Travel \* Total Amount for Item 3, at bottom of page.) Expenses Pertaining to Lobbying Activity All Employers Do Not Have to be Reported Employer No. 1 Employer No. 2 Employer No. 3 Employer No. 4 Entertainment Food and Refreshment Living Accommodations Advertising Travel Telephone 3327.60 Other Expenses or Services 4,839.05 \*When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1. The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office. Item Amount Names of Legislators & Public Officials in Group Continued on attached page(s) Item Employer(s) Name(s) and Address(es) INSTRUCTIONS Bream Brawsotti

INSTRUCTIONS

Item 3 Employer(s) Name(s) and Address(es)

Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.

Filing deadline: Annual report is due on January 31 st.

TO BE FILED WITH:

Ben Ysursa
Secretary of State
PO Box 83720
Boise, ID 83720-0080
Phone: (208) 334-2852 Fax: (208) 334-2282

No.4

	ltem 4					y the lobbyist's er or or on behalf of			of mor	ey or other tangible or intangible			
		Date		Amount		Name of Legislator Receiving or Benefited							
	Item 5 Subject (from	or Ho the L	ouse Bill, lobbyist w Bill, Re	of proposed legislat Resolution or other as supporting or of solution or Other we Ident, Number	legislative pposing. Appropris		Code 01	LEGISLATIVE SUB  E Subject Agriculture, horticulture, farming, and livestock		Subject Health service, medicine, drugs and controlled substances, health			
2				,252			02 03 04 05 06 07 10 11 12 13 14 15 16	Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, special districts Government, state  Lobbyst Signature  Employer No. 1 signature  Employer No. 2 signature	18 19 20 21 22 23 24 25 26 27 28 29 30 31	forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)  Date  Date  Date			
				eby certify that the		true, complete and Idaho Code.		Employer No. 3 signature  Employer No. 4 signature		Date			



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

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LOBBYISTS (Sec. 67-6619)

 $\begin{array}{c} Page\_\_ \text{ of } \underline{\hspace{0.5cm}} Page(s) \\ \text{THIS SPACE FOR OFFICE USE ONLY} \end{array}$ 

05 JAN 24 AM 10: 51

SECRETARY OF STATE STATE OF IDAHO

(Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address Date prepared Period covered year ending 1-23-05 (Day) (Yr.) (Mo.) 83701 3/ 12 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure \* Total Amount for Reimbursed Personal Living and Travel Item 3, at bottom of page.) Expenses Pertaining to Lobbying Activity All Employers Employer No. 1 Employer No. 2 Employer No. 3 Employer No. 4 Do Not Have to be Reported Entertainment Food and Refreshment Living Accommodations Advertising Travel Telephone Other Expenses or Services Total \*When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1. The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office. Item Names of Legislators & Public Officials in Group Date Place Amount Mone Continued on attached page(s) Item Employer(s) Name(s) and Address(es) INSTRUCTIONS Idealro Crattle Assa. No.1 P.C. Box 15347 Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code. Filing deadline: Annual report is due on January 31st. TO BE FILED WITH: Ben Ysursa No.3 Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282 No.4

	ltem 4	-	•	or by the lobbyist's er or for or on behalf of		s of money or other tangible or intangible	le
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11-16,	18,	538	, 594, IA	a Burket.	04 Children, minors, youth, senior citizens 05 Church and religion 06 Consumer affairs	insurance) 21 Labor, salaries and wages, collective bargaining 22 Law enforcement, courts,	
23, Z	6,		453,	0 10000	07 Ecology, environment, pollution, conservation, zoning, land and water use 08 Education	judges, crimes, prisons 23 License, permits 24 Liquor 25 Manufacturing, distribution and	
27.2	9	i	, 742,		<ul> <li>Elections, campaigns, voting, political parties</li> <li>Equal rights, civil rights,</li> </ul>	services  26 Natural resources, forest and forest products, fisheries, mining	
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					Study F K	Boyd 1-23-05	,
					Employer No. 1 signature	Date	
	1.				Employer No. 2 signature	Date	
			eby certify that the above		Employer No. 3 signature	Date	
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State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-2

LOBBYISTS (Sec. 67-6619)

Page of Page(s)

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(Type or print clearly in black ink) See instructions at bottom of page

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67-6617 <b>Filing d</b>	nould file this form: And I Idaho Code.  leadline: Annual report FILED WITH:  Be Secre			J.	Juho EIK 145 ifunsi Juho mill 1 ellowston 10 iBox / lei Tex burg,	Brude in Civil 6, Id. Blav Id.		_	
	Boise, I	D 83720-0080 2852 Fax: (208) 334-22	282	No.4					

Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, or for or on behalf of any legislator. Date Amount Name of Legislator Receiving or Benefited Subject matter of proposed legislation, the number of the Senate LEGISLATIVE SUBJECT IDENTIFICATION Item or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing. Code Subject Code Subject Agriculture, horticulture, Health service, medicine, drugs Bill, Resolution or Other | Appropriation Bill Number Subject Code farming, and livestock and controlled substances, health Legislative Ident, Number and Section Number Amusements, games, athletics insurance, hospitals 01,03,07, HB 507,517 and sports 18 Higher education Banking, finance, credit and Housing, construction, codes 11-16, 18, 538, 541, Dept. Ag 23, 24, 544, 594, Budget investments Insurance (excluding health Children, minors, youth, insurance) senior citizens Labor, salaries and wages, 05 Church and religion collective bargaining 06 Consumer affairs Law enforcement, courts, Ecology, environment, pollution, judges, crimes, prisons conservation, zoning, land and 23 License, permits 599,63, water use 24 Liquor 27.29 Education Manufacturing, distribution and Elections, campaigns, voting, services political parties 682, 742, Natural resources, forest and Equal rights, civil rights, forest products, fisheries, mining minority affairs and mining products Government, financing, Public lands, parks, recreation 800, 807, 816 taxation, revenue, budget, Social insurance, unemployment appropriations, bids, fees, funds insurance, public assistance, workmen's compensation 12 Government, county 13 Government, federal Transportation, highways, Government, municipal streets and roads Government, special districts 15 Utilities, communications, 16 Government, state televisions, radio, newspaper, power, CATV, gas Other (please specify) 1417 -23-05 Date

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.

Employer No. 1 signature

Employer No. 2 signature

Date

Employer No. 3 signature

Date

Employer No. 4 signature

Date



State of Idaho

Ben Ysursa Secretary of State

# To Be Filed By:

LOBBYISTS (Sec. 67-6619)

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05 JAN 24 AM 10: 51 SECRETARY OF STATE STATE OF IDAHO

(Type or print clearly in black ink)

See instructions at bottom	of page				
Lobbyist's name and permanent disinest address  Shawley 7 800  P.O. Box Z596			1-23-05		d covered year ending o.) (Day) (Yr.)
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Item 1 Totals of all reportable expend	itures made or incurred by I	obbyist or by	Lobbyist's Employer	on behalf of Lob	obyist's Employer.
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Who should file this form: Any lobbyi 67-6617 Idaho Code.	st registered under Section	No.1	105 /3015 /2 5410 Glence 30152, Id	401 141 1837/4	
Filing deadline: Annual report is due	on January 31st.	No.2			
TO BE FILED WITH:  Ben Ysurs: Secretary of S PO Box 837	tate	No.3			The state of the s
Boise, ID 83720 Phone: (208) 334-2852 Fax	-0080	No.4			-

	personal property to any Legislator, or for or on behalf of  Date Amount						Name of Legislator Receiving or Benefited				
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State of Idaho

Ben Ysursa Secretary of State

> PO Box 83720 Boise, ID 83720-0080

Phone: (208) 334-2852 Fax: (208) 334-2282

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L-2 LOBBYISTS (Sec. 67-6619)

Page of Page(s)

05 JAN 24 AM 10: 51 SECRETARY OF STATE STATE OF IDAHO

(Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address Date prepared Period covered Stranley T /30% year ending P.O. Box 2586 1-23-05 (Mo.) (Day) Borse, Id. 33701 12 Item Totals of all reportable expenditures made or incurred by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure \* Total Amount for Reimbursed Personal Living and Travel Item 3, at bottom of page.) Expenses Pertaining to Lobbying Activity All Employers Do Not Have to be Reported Employer No. 1 Employer No. 2 Employer No. 3 Employer No. 4 50 Entertainment Food and Refreshment Living Accommodations Advertising Travel Telephone Other Expenses or Services Total \$ \*When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1. The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office. Item 2 Date Names of Legislators & Public Officials in Group Place Amount Continued on attached page(s) Item Employer(s) Name(s) and Address(es) INSTRUCTIONS Benson, ID Continetous Rederated LW 4300 5 No.1 Who should file this form: Any lobbyist registered under Section 83441 67-6617 Idaho Code. Filing deadline: Annual report is due on January 31st. No.2 TO BE FILED WITH: Ben Ysursa No.3 Secretary of State

No.4

4	Date Date	Amount	, or for or or occurry or	for or on behalf of any legislator.  Name of Legislator Receiving or Benefited						
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29,				political parties 10 Equal rights, civil rights, minority affairs 11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds 12 Government, county 13 Government, federal 14 Government, municipal 15 Government, special districts 16 Government, state	<ul> <li>Natural resources, forest and forest products, fisheries, mini and mining products</li> <li>Public lands, parks, recreation</li> <li>Social insurance, unemployme insurance, public assistance, workmen's compensation</li> <li>Transportation, highways, streets and roads</li> <li>Utilities, communications, televisions, radio, newspaper, power, CATV, gas</li> </ul>					
					31 Other (please specify)					
				Lobby ist signature	Sond 1-23-6					
				Eraployer No. 1 signature	Date					
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	ATION: I her	eby certify that the above	is a true, complete and	Employer No. 3 signature	Date					